

# Prostate Cancer Screening Recommendations

These recommendations have been developed by the Michigan Department of Community Health's Prostate Cancer Advisory Committee to help physicians guide asymptomatic men and their families in making informed decisions about prostate cancer screening.

## ***Men who are NOT candidates for screening:***

- ! Men younger than 40 who are at normal or low risk.
- ! Men age 75 and older, or men of any age with less than a 10-year life expectancy.
- ! Men with suspected or known prostate cancer, a history of prostate cancer, or symptoms of prostatic or urinary disease. These men should undergo diagnostic evaluation.

## ***Men who MAY be candidates for screening:***

- ! Annual screening may be appropriate for asymptomatic men who are 50 to 75 years old, have at least a 10-year life expectancy, and who have been fully informed of the associated risks and benefits of screening before being tested.
- ! Annual screening may be appropriate for high-risk men (African-American men and men with a family history of prostate cancer in a father or a brother) who are 40 to 75 years old, have at least a 10-year life expectancy, and who have been fully informed of the associated risks and benefits of screening before being tested.

## ***Counseling for men considering screening:***

- ! Prostate cancer is an important and potentially life-threatening health problem.
- ! The benefits of one-time or repeated screening for prostate cancer have not yet been proven, but early detection *may* save lives.
- ! Early detection and treatment *may* avert future cancer-related illness, but treatment of prostate cancer includes some risk of sexual dysfunction and incontinence and a minimal risk of treatment-induced mortality.
- ! Both digital rectal examination (DRE) and prostate-specific antigen (PSA) measurement can have false-positive or false-negative results.
- ! An abnormal test probably will require further invasive evaluation, such as ultrasound and biopsy.
- ! African-American men have a higher lifetime risk for developing prostate cancer.
- ! Men with a family history of prostate cancer (father, brother) have a higher lifetime risk for developing prostate cancer.

***Important Note:*** Physicians should listen to the patient's concerns, be knowledgeable about potential screening risks and benefits for the individual man, and then individualize the recommendation about screening.

**When a patient chooses to be screened:**

- ! Both a PSA and a DRE should be performed.
- ! Patients who choose to be screened should provide verbal informed consent.